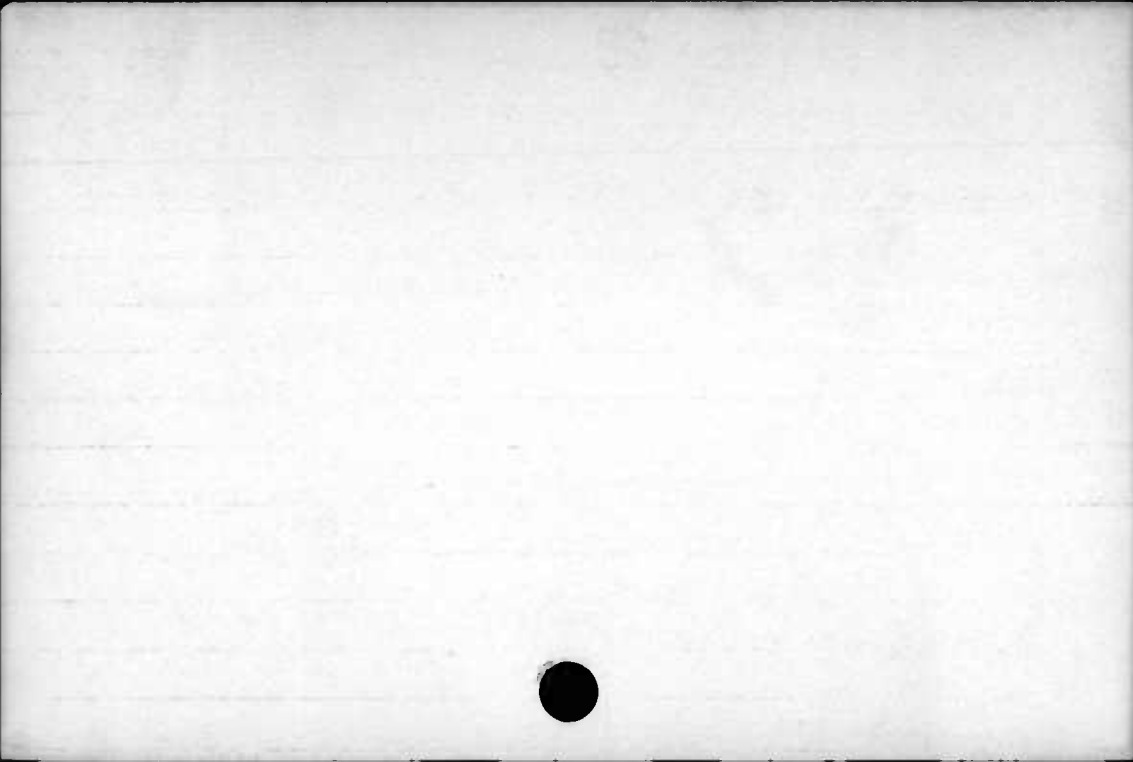


Name in Full		William Allson				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND			
		Date of death 190		2	Month	June	Day	27 th	Age	Years
		Sex		Male		Color or Race		Col.		Birth- place
		Married, Single or Widowed		—		Occupation		—		
		Name of Wife or Husband		—		36		—		
		Father's Name		William Allson		Father's Birthplace		Annapolis		
		Mother's Maiden Name		Adaline Gray		Mother's Birthplace		Ad. County		
Name of person giving In formation		Adaline Gray		How related to deceased		Mother				
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary				How long				
		Syphilis				Since birth				
		Immediate				How long				
		Exhaustion				—				
		Are the name, age, sex, color, date and place correctly given above?				Yes				
Signature of Physician		John Ridout M.D.								
Address		Annapolis Md								
Accident or Suicide?		—								



Name In Full

Certificate of Death

Died at

Date 1902

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

June 17

Age 78

Md

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

3

Husband
of
WifeFather's
NameMother's
Maiden Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Primary

Immediate

How long sick

Accident, Suicide, Homicide

3 years

Accident, Suicide, Homicide

LIBRARY BUREAU, 70695

Willie

5

Name
in
Full

Rachel Catharine Basil

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death 1902	<i>June</i> ^{Month}	<i>5th</i> ^{Day}	<i>75</i> ^{Years}	<i>7</i> ^{Months}	<i>1</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis</i>		
Married, Single or Widowed <i>Widow</i>		Occupation <i>House Keeper</i>			
Name of Wife or <i>Washington D. Basil</i> Husband					
Father's Name <i>Walace Nichols</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Rachel Grammer</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Lottie Bryan</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>6 months</i>
Immediate <i>Hemorrhages</i>		How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. Wells M.D.</i>	
	Address <i>Annapolis Md</i>	
Accident or Suicide?		



Name
in
Full

Frank Bonda

CERTIFICATE OF DEATH

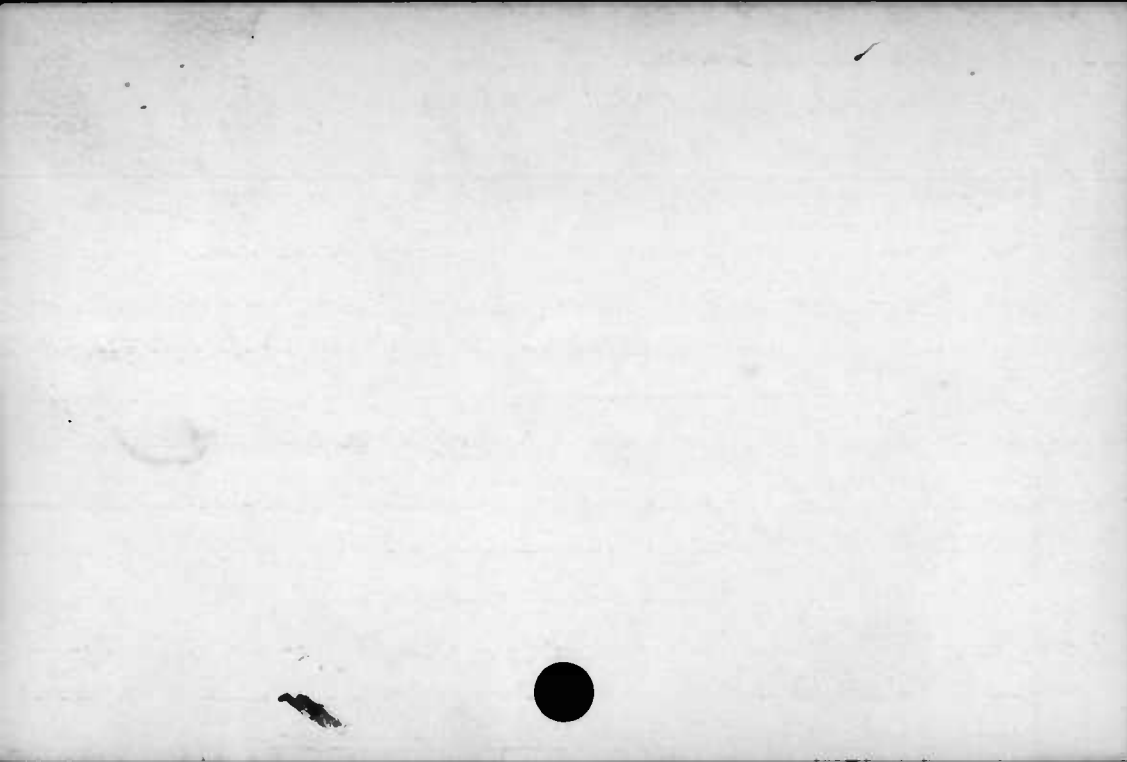
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		2	Month 6	Day 19	Age 40	Months	Days
Sex Male		Color or Race White		Birth-place Austria			
Married, Single or Widowed				Occupation Laborer			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Frank Olechfsky				None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hanging	How long
Immediate	Strangulation	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address
Accident or Suicide?		Coroner
		Brooklyn ma



John H Bruce

Town

County

Died at

Annapolis

A. A. Co.

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

June 15

Age

49

Virginia

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pneumonia

How long sick

9 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

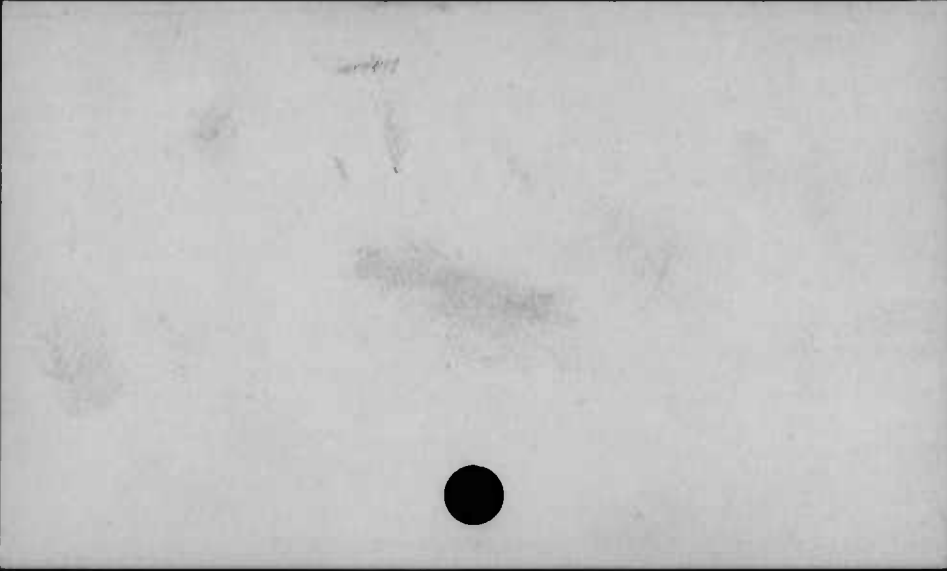
Reported by

William Bristow M.D.

Address

12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

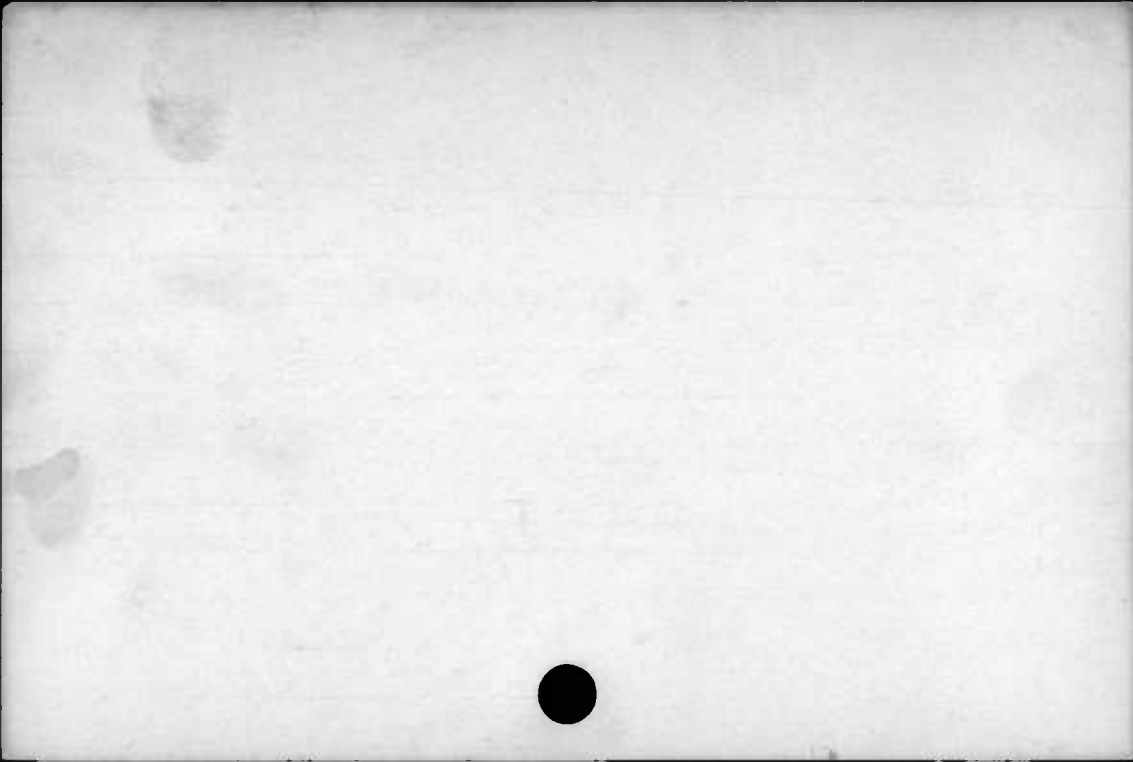
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> ^{Town}			<i>A. A. Co</i> ^{County}			MARYLAND		
Date of death 190 <i>2</i>		Month <i>June</i>	Day <i>15</i>	Age <i>about 65</i> ^{Years}	Months <i>-</i>	Days <i>-</i>		
Sex <i>male</i>			Color or Race <i>Cotoned</i>		Birth-place <i>-</i>			
Married, Single or Widowed <i>Widowed</i>			Occupation <i>Fabrics</i>					
Name of Wife or Husband <i>Bertie Brooks</i>			<i>decd</i>					
Father's Name <i>-</i>			Father's Birthplace <i>-</i>					
Mother's Maiden Name <i>-</i>			Mother's Birthplace <i>-</i>					
Name of person giving information <i>Hammond Hall</i>			How related to deceased <i>Friend</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Drowned</i>	<i>172</i>	How long <i>-</i>
Immediate			How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>as far as I know, they are.</i>		Signature of Physician <i>H. Chas. G. Claude M.D.</i>	Address <i>5 St. John St., Annapolis, Md.</i>
Accident or Suicide? <i>Accident</i>			



Name
in
Full

Maria Brown

CERTIFICATE OF DEATH

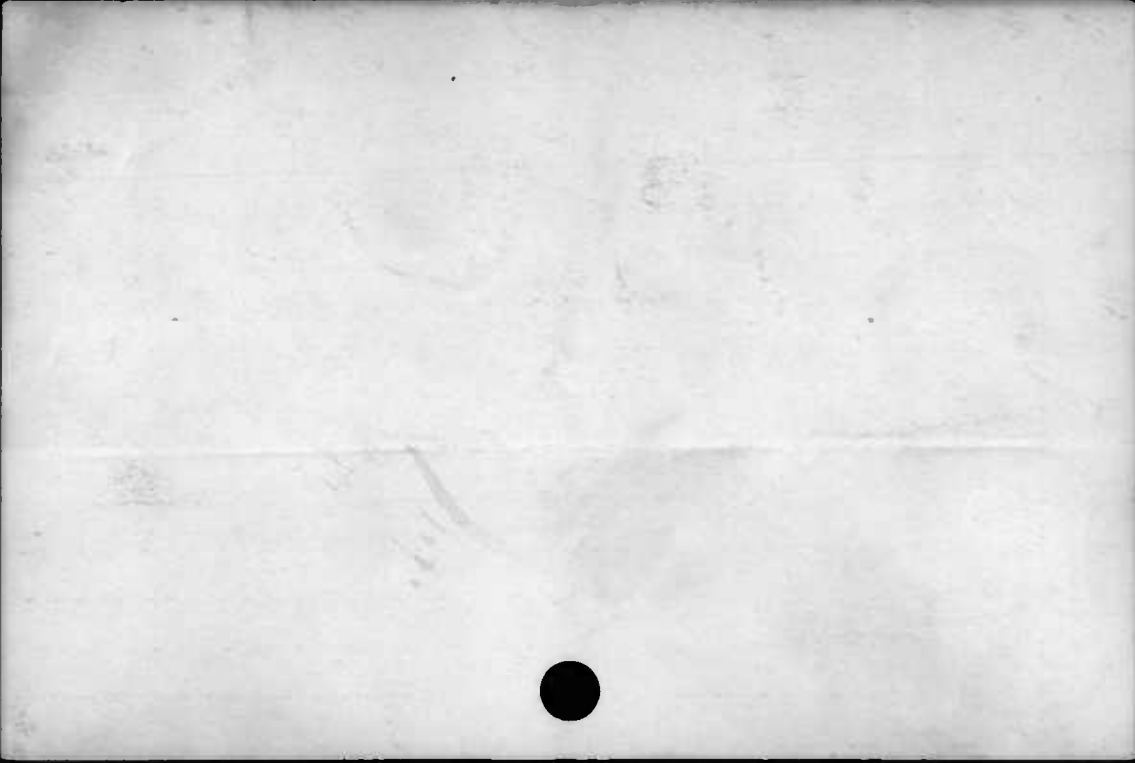
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charterfield</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death 190	<i>2</i> ^{Month}	<i>June</i> ^{Day}	<i>12</i> ^{Years}	<i>0</i> ^{Months}	<i>0</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Eastern Shore Md</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>House Keeping</i>		
Name of Wife or Husband <i>Saml. Brown</i>					
Father's Name <i>Das, Little</i>			Father's Birthplace <i>Kent, Ireland</i>		
Mother's Maiden Name <i>Mahella Little</i>			Mother's Birthplace <i>Anne Arundel Md</i>		
Name of person giving information <i>Saml. Brown</i>			How related to deceased <i>Harbaird</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pri. m. tri</i>	<i>116</i>	How long <i>6 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Blantz</i>	
	Address <i>Millersville Md</i>	
Accident or Suicide?		



Name
in
Full

Mamie Alice Carroll

CERTIFICATE OF DEATH

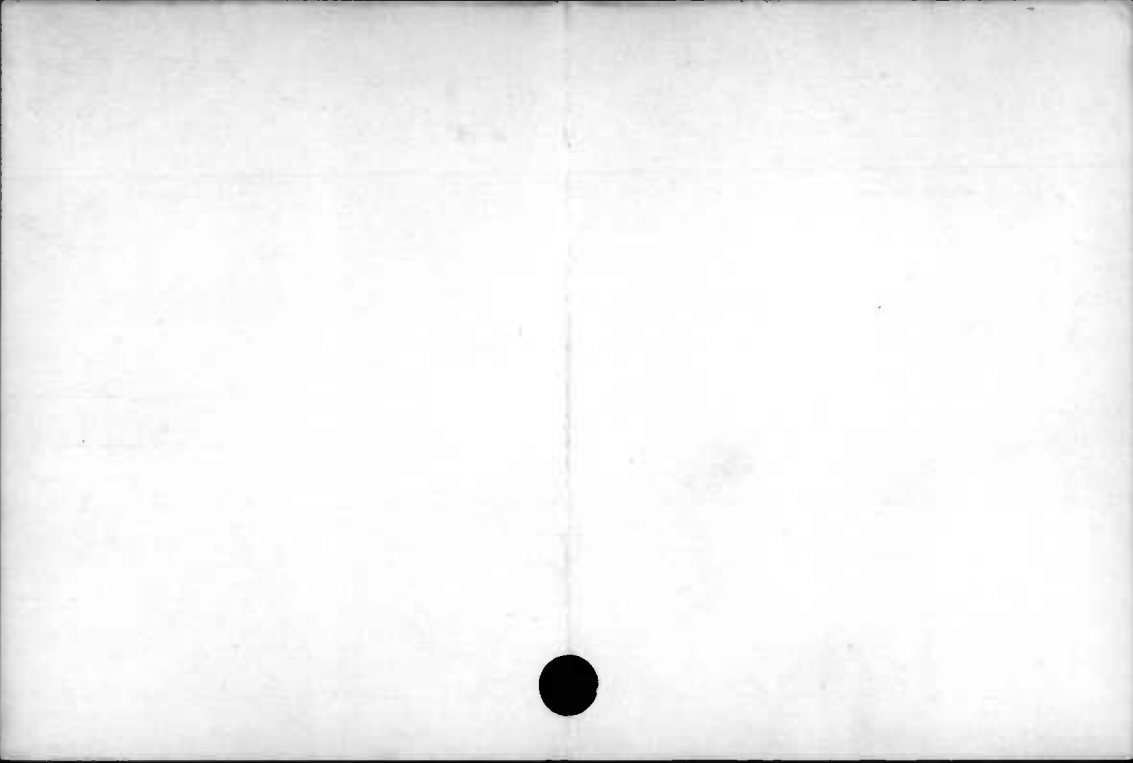
TO BE ANSWERED BY
NEAREST FRIEND


Died at ^{Town} <i>near Harmans</i>		^{County} <i>Anne Arundel</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>June</i>	Day <i>30</i>	Age Years	<i>8</i> Months	Days
Sex <i>Female</i>	Color or Race <i>Coloud</i>		Birth-place <i>Harman</i>		
Marrried Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>John Carroll</i>			Father's Birthplace <i>Alex</i>		
Mother's Maiden Name <i>Mamie Hammond</i>			Mother's Birthplace <i>Alex</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>5 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. Tongue</i>
	Address <i>Eekudge Md</i>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Annapolis</u>				<u>a. a.</u>		MARYLAND	
		Date of death 190		Month <u>june</u>	Day <u>24th</u>	Years <u>69</u>	Months <u>—</u>	Days <u>—</u>	
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Baltimore</u>			
		Married, Single <u>Widowed</u>				Occupation <u>—</u>			
		Name of Wife or <u>Husband</u> <u>Fraust Boocke</u>							
		Father's Name <u>William Batchel</u>				Father's Birthplace <u>—</u>			
		Mother's Maiden Name <u>Susan Buchanan</u>				Mother's Birthplace <u>—</u>			
		Name of person giving information <u>Mary T. Boocke</u>				How related to deceased <u>daughter</u>			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <u>Rheumatic Gout 48</u>				How long <u>several years</u>			
		Immediate <u>Gastric ulcer</u>				How long <u>six weeks</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>H. C. Cramer (Cramer) M.D.</u>			
		Address <u>5 St. John St., Annapolis, Md.</u>							
		Accident or Suicide? <u>—</u>							

At every W. J. Ricketts House.
Undertakers
233 W. Partridge St
Baltimore Ind.

Interment at Greenmount Cem
Baltimore Ind.

Lucas & Stewart
Cuthbert

Henry Corvards Diefel

Died at ^{Town} District ^{County} Anne Arundel MARYLAND

Date 1902 June 4. Age 43 11.5 Native of Md Occupation Farmer

Male White Married Widow ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Marie Schregel

Father's Name John Diefel Mother's Maiden Name Elizabeth Crouse

Cause of Primary Congestion of Liver How long sick 10 days

Death Immediate Spontaneous ~~Accident, Suicide, Homicide~~

Reported by Geo Wells M.D.

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Francis F Oschbach

CERTIFICATE OF DEATH

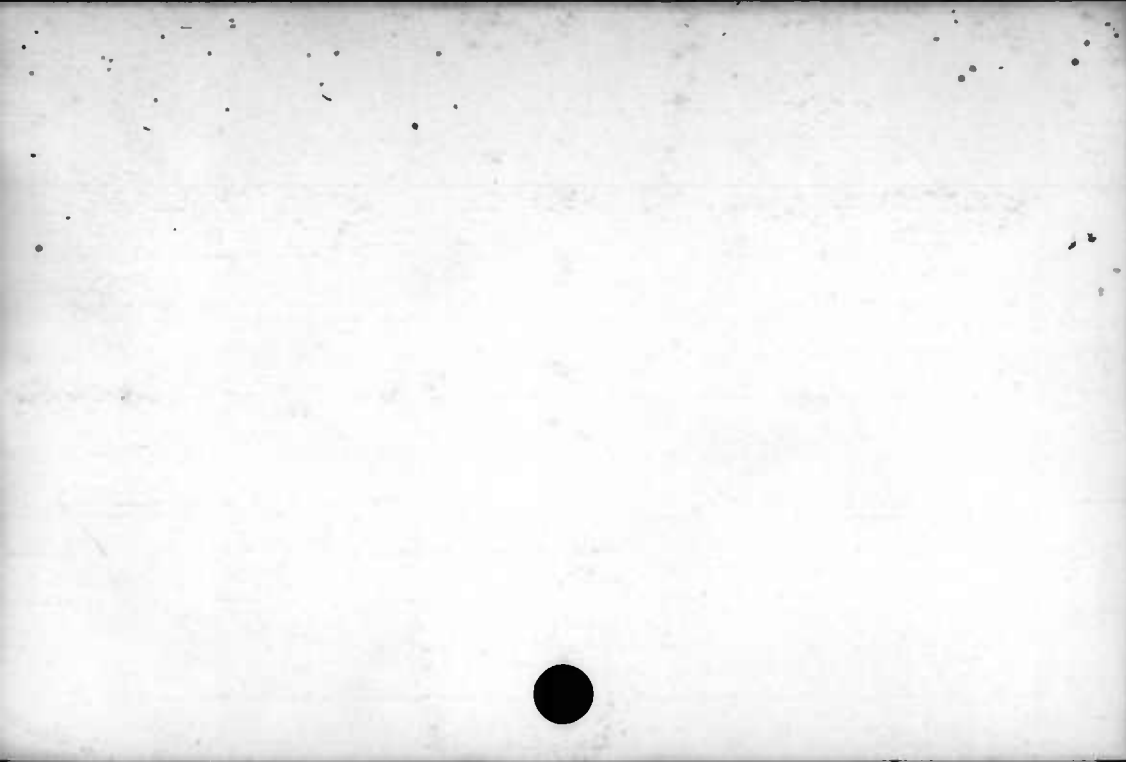
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hawkins Point</i>		<i>AA</i> County		MARYLAND	
Date of death 190 <i>r</i>	Month <i>6</i>	Day <i>14</i>	Years <i>61</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>	
Married, Single or Widowed			Occupation <i>Contractor</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Vernon E Derr</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>1 hr</i>
Immediate <i>Paralysis of the heart</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm L Hawkins Coroner</i>
	Address <i>Brooklyn</i>
Accident or Suicide?	<i>ma</i>



Name
in
Full

Harriet Ann Green

CERTIFICATE OF DEATH

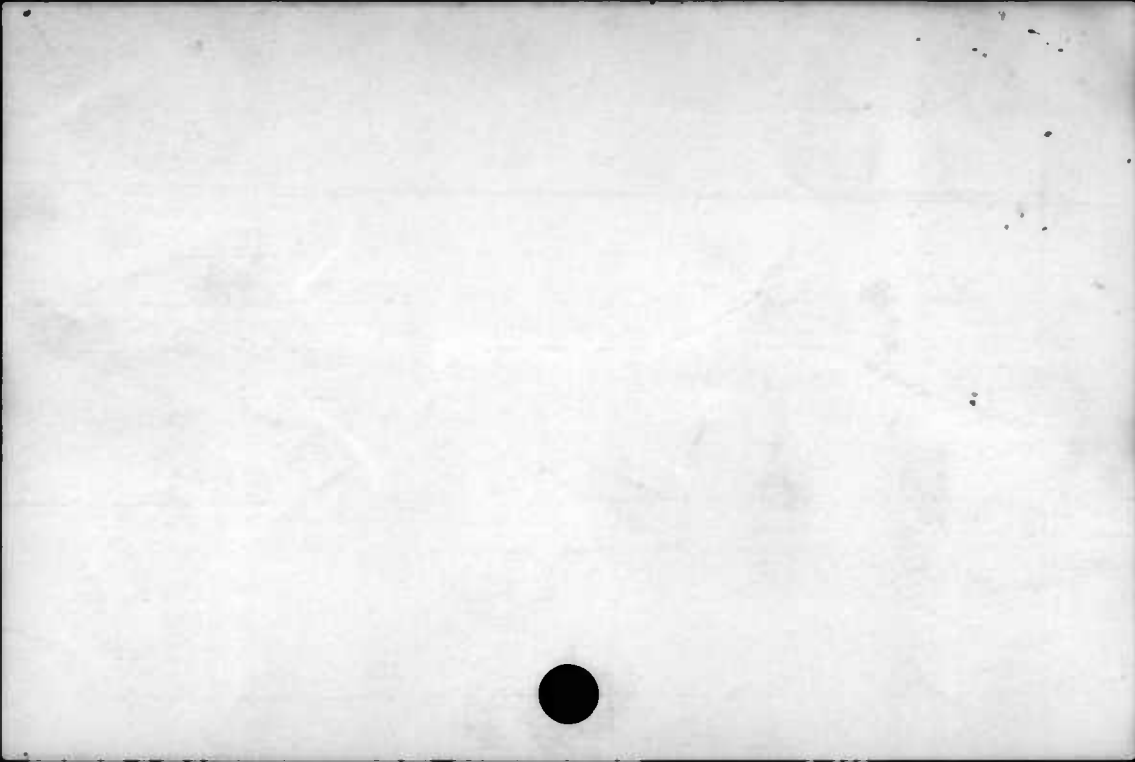
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Years	Months	Days	
Sex		Color or Race		Age		Birth-place	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	By causes	How long	10 days
Immediate	Convulsion	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

June 28

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Odenton</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>6</i>	Day <i>28</i>	Age <i>about 48 yrs</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Odenton</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Domestic</i>				
Name of Wife or Husband <i>Joseph Hawkins</i>			Father's Birthplace <i>don't know</i>		
Father's Name <i>Bryant</i>			Mother's Birthplace <i>Odenton</i>		
Mother's Maiden Name <i>supposed Maria Culver</i>			How related to deceased <i>not at all</i>		
Name of person giving information <i>George W Williams</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	How long <i>Several Years</i>
Immediate <i>Paralysis of the brain</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J W Dubois M.D.</i>
	Address <i>Gambrells Rd</i>
Accident or Suicide?	



TO BE ANSWERED BY NEAREST FRIEND	Name in Full Elizabeth B. Harwood Howard				CERTIFICATE OF DEATH			
	Died at Annapolis <small>Town</small>			Anne Arundel <small>County</small>			MARYLAND	
	Date of death 190 2		Month June		Day 14		Age 43	
			Years		Months 0		Days 6	
	Sex Female		Color or Race White			Birth-place Annapolis, Md.		
	Married, Single or Widowed Married				Occupation			
	Name of Wife or Husband Douglas A. Howard							
	Father's Name Abram Claude				Father's Birthplace Annapolis, Md.			
Mother's Maiden Name Rachel Ann Tuck				Mother's Birthplace Annapolis, Md.				
Name of person giving Information H. Clement Claude				How related to deceased Brother				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Apoplexy		How long 8 hours	
			How long	
	Immediate			
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician H. Clement Claude Md.	
			Address 5 St. John St. Annapolis, Md.	
Accident or Suicide?				



Name In Full

Certificate of Death

Maggie Rosella Hughes

151

Died at ^{Town} Pumphreys A. T. ^{County} Co

MARYLAND

Date 1902	Month June	Day 13	Y.	M.	D.	Native of A. T. Co	Occupation
Male	White	Married				Widow	Divorced
Female	Colored	Single				Widower	Number of children living

Husband of

Wife

Father's Name William Hughes	Mother's Maiden Name Laura Butler
------------------------------	-----------------------------------

Cause of	Primary	How long sick
	Icterus Neonatorum	3 weeks
Death	Immediate	Accident, Suicide, Homicide

Reported by	Dr. Wm. Nelson M.D.
Address	Elkridge Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Barbara Sophia Jackson

Town

County

Died at Brooklyn Ann Arundel

MARYLAND

Date 19 02 June 5- | Age 50 | Native of A.A.Co | Occupation Housewife

Male- White Married Widow Divorced
 Female Colored Single Widower Number of children living 2

Husband of Robert Wesley Jackson
 Wife

Father's Name Ezekiel Oliver
 Mother's Name Mary Jane Hawkins
 Maiden Name

Cause of Death { Primary Immediate Phthisis } How long sick 4 years
 Accident, Suicide, Homicide

Reported by C. R. Winterison M.D.

Address Elkridge Maryland

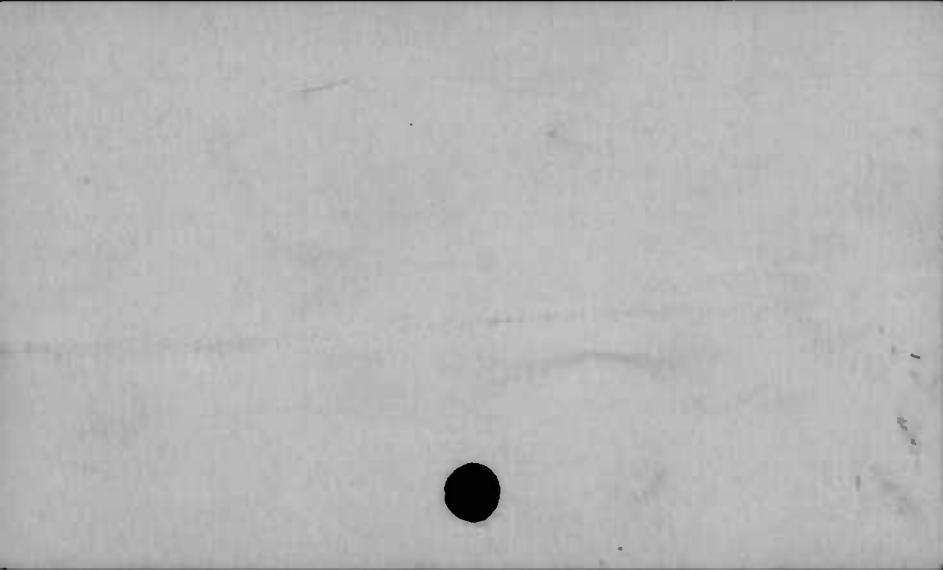
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Arthur P. Johns
 Town County
 Died at Patuxent Anne Arundel MARYLAND
 Date 1902 June 14 Y. M. D. Native of Md Occupation
 Male White Married Age 3 Widowed Divorced
 Foreign Colored Single Widower Number of children living

Husband of
 Wife
 Father's Name James Johns Mother's Name Agnes Johns
 Cause of Death { Primary Cholera Infantum How long sick 4 days
 { Immediate Exhaustion Accident, Suicide, Homicide
 Reported by R. A. Hammond M.D.
 Address Jessup, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Johnson

Town

County

Died at

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date

June 23

Age

1-5-15-

Md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Solomon Johnson

Mother's

Name

Martha Forester

Cause of

Primary

Pneumonia

How long sick

5 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

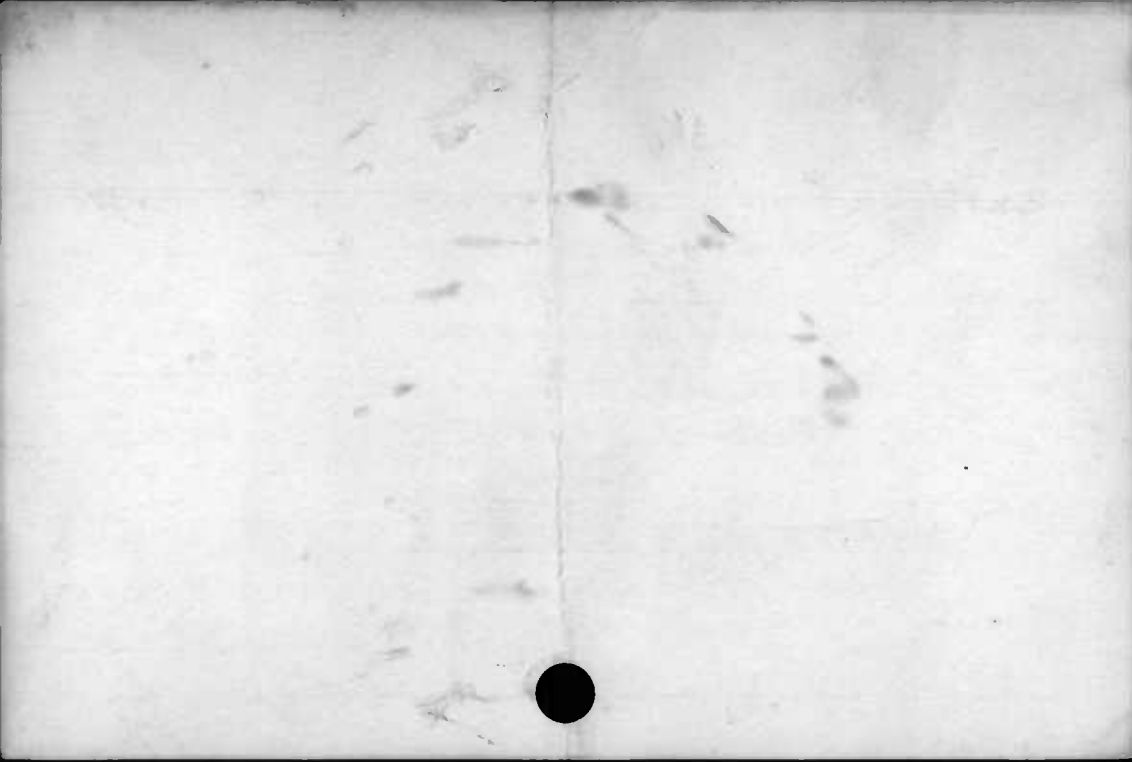
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full		Certificate of Death					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
		Date of death 190 <i>2</i>	Month <i>June</i>	Day <i>24</i>	Age <i>—</i>	Months <i>5</i>	Days <i>—</i>
		Sex <i>Girl</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>		
		Married, Single or Widowed <i>Infant</i>		Occupation <i>—</i>			
		Name of Wife or Husband <i>—</i>					
		Father's Name <i>Jacob Johnson</i>			Father's Birthplace <i>Sever</i>		
		Mother's Maiden Name <i>Elizabeth Johnson</i>			Mother's Birthplace <i>Sever</i>		
		Name of person giving information <i>Father</i>			How related to deceased <i>Father</i>		
CAUSES OF DEATH <i>10.5</i>							
PHYSICIAN OR CORONER		Primary <i>Diarrhoea</i>		How long <i>what?</i>			
		Immediate <i>Exhaustion</i>		How long <i>—</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D. M. Campbell M.D.</i>			
		<i>—</i>		Address <i>10 Second St.</i>			
		Accident or Suicide? <i>—</i>		<i>—</i>			



Name
in
Full

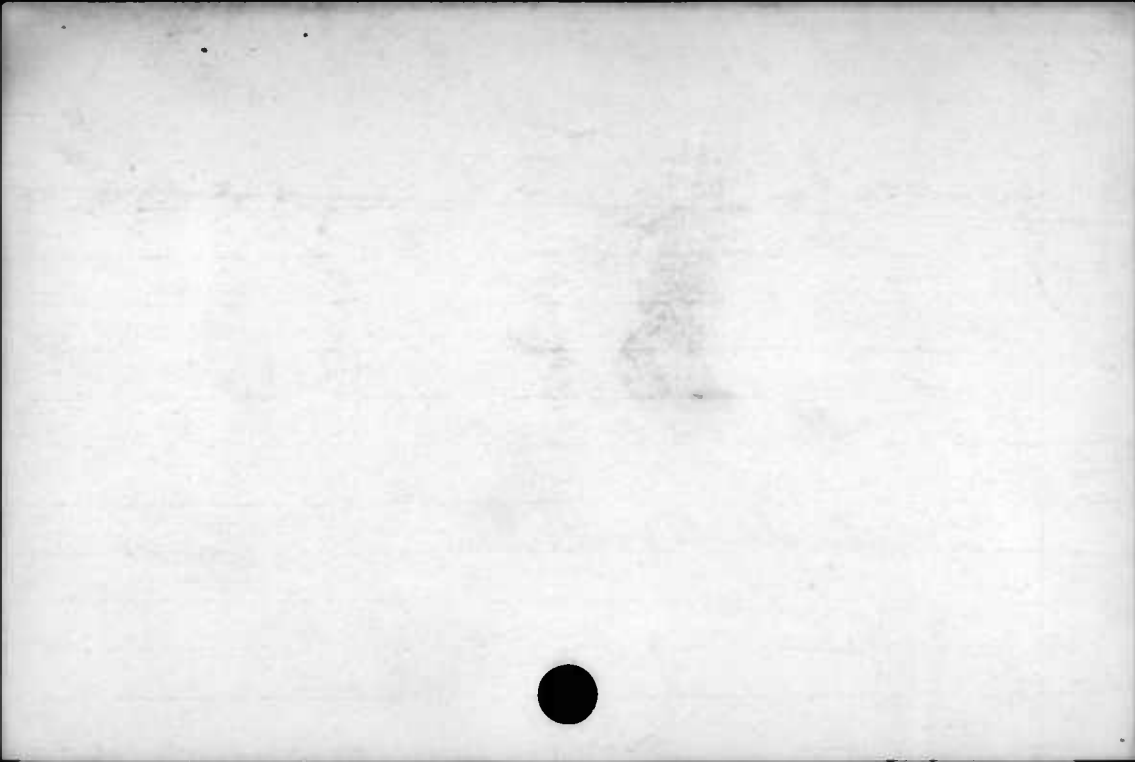
Agnes Kozloski

CERTIFICATE OF DEATH

Died at <u>5- district</u> ^{Town}		<u>aa</u> County		MARYLAND	
Date of death <u>1902</u>	Month <u>June</u>	Day <u>26</u>	Age <u> </u>	Months <u>Six</u>	Days <u> </u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>5- district</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Andrew Kozloski</u>			Father's Birthplace <u>Polana</u>		
Mother's Maiden Name <u>Helen Babushky</u>			Mother's Birthplace <u>Polana</u>		
Name of person giving information <u>Andrew Kozloski</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

Primary <u>Cholera Infantum 105</u>	How long <u>2 weeks</u>
Immediate <u>Meningitis</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. Bray Chan</u>
<u>yes</u>	Address <u>Helen Brown</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Joseph Grago Kusak
Town
Mantley
County
a a

MARYLAND

Died at
Date of death 1902
Month 6
Day 16
Age
Years
Months
DaysSex Male
Color or Race white
Birth-place MaMarried, Single or Widowed Single
Occupation

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

Thos H Brayshaw

None

CAUSES OF DEATH

Primary
Acute Indigestion

How long

2 hrs

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

y -

Signature of Physician

Address

Thos H Brayshaw
John Brainer

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Maggie Rito Lamb

Town

County

Died at East Port Anne Arundel

MARYLAND

Date 1902 June 21. Month Day ~~Y~~ M. D. Native of Occupation

Age 11 9

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of Wife

Father's Name Wm. A. Lamb Mother's Maiden Name Anne Wiggins

Cause of Death Primary Immediate Cholera Infantum Spasms How long sick 6 days. Accident, Suicide, Homicide

Reported by Geo Wells M.D.

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Carl Chester. Snowman

Town

County

Died at

Bronckx

A A

MARYLAND

Data 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

6

28

Age

- 5

Widow

Infant

Male

White

~~Marrd~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Ollie Snowman

Mother's

Maiden Name

Annie May

Cause of

Primary

Death

Immediate

Chorea Saputur

How long sick

1 week

Accident, Suicida, Homicide

Reported by

J. H. Obusein

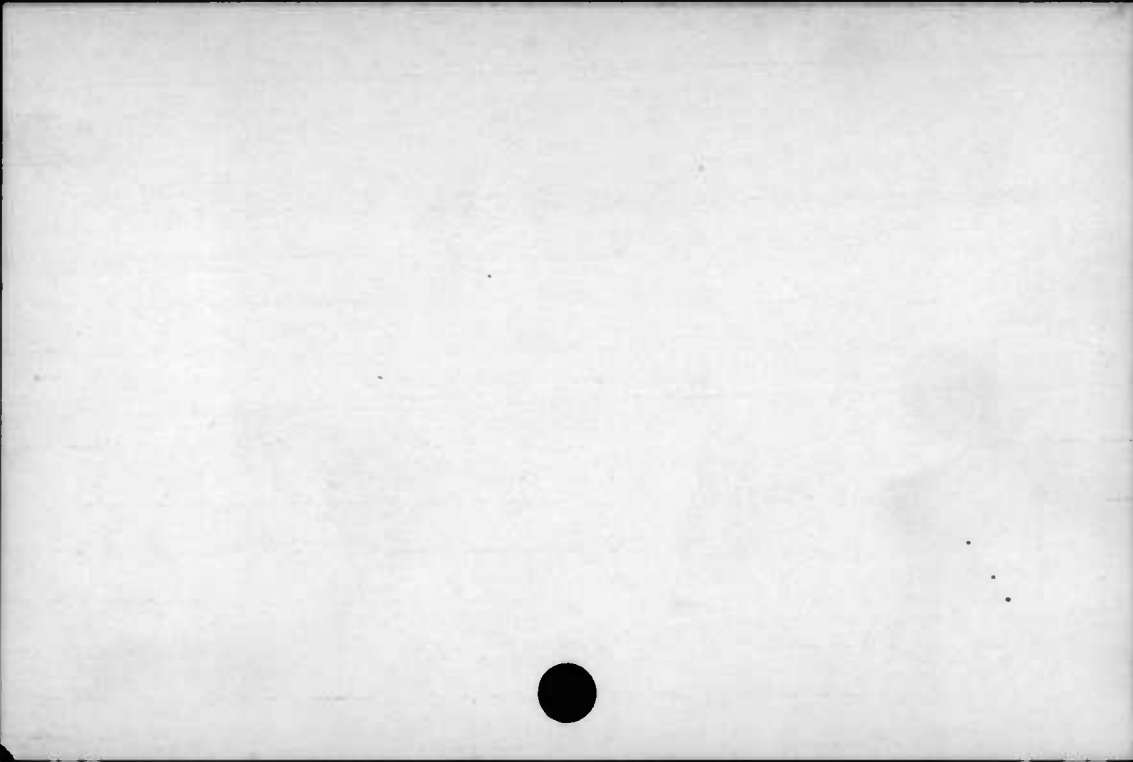
Address

Bronckx

Must be signed by physician, if any in attendance, otharwise by coroner, undertaker or minister.



Name in Full		Ruth E. Lawman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Curtis Bay		County a a		MARYLAND
	Date of death 1902	Month 6	Day 24	Age 1	Years	Months 8	
	Sex Female		Color or Race white		Birth-place Md		
	Married, Single or Widowed Single		Occupation —				
	Name of Wife or Husband —						
	Father's Name Plumber Lawman				Father's Birthplace Md		
	Mother's Maiden Name Verna A. Lloyd				Mother's Birthplace Md		
	Name of person giving information Plumber Lawman				How related to deceased Father		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em;">105</div>							
PHYSICIAN OR CORONER	Primary Cholera Infantum				How long 10 days		
	Immediate Exhaustion				How long		
	Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician Chas. H. Brooke		
	Accident or Suicide? No				Address Brooklyn		



Name
in
Full

Henry Matthews

CERTIFICATE OF DEATH

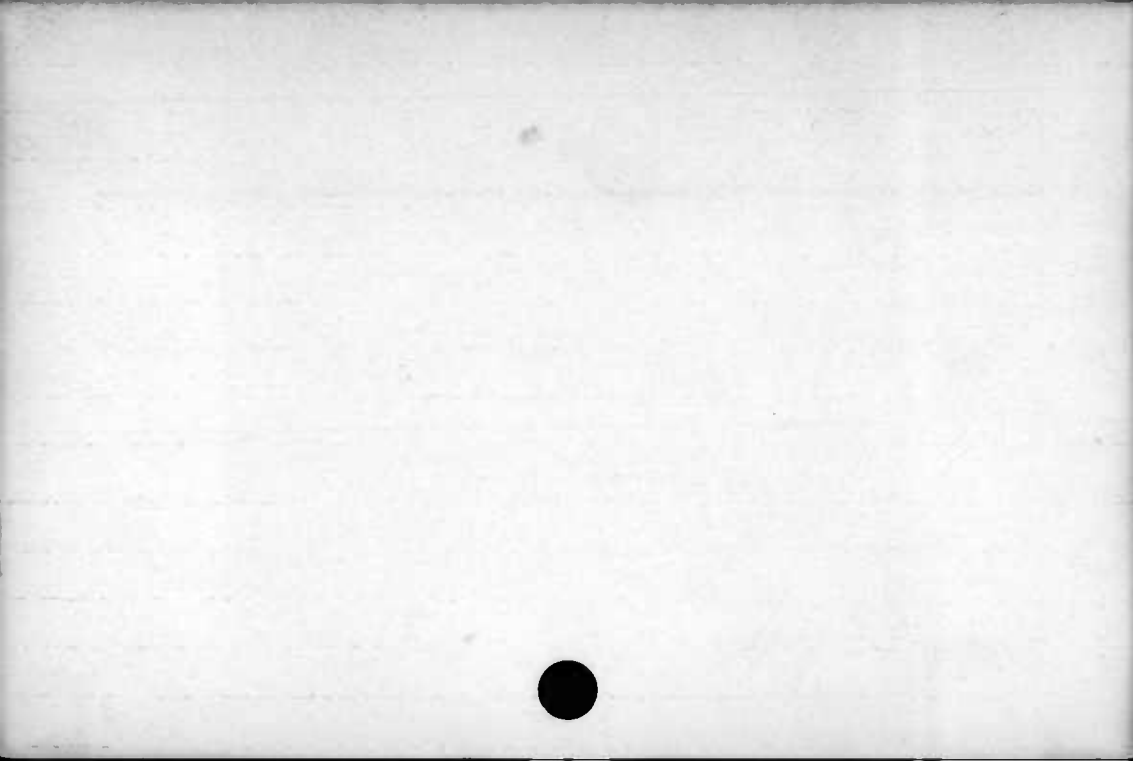
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u>		County <u>AA</u>		MARYLAND	
Date of death 190 <u>2</u>	Month <u>June</u>	Day <u>9th</u>	Age	Months <u>9</u>	Days
Sex <u>Male</u>		Color or Race <u>bol.</u>		Birth-place <u>Annapolis</u>	
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>George Jay</u>			Father's Birthplace <u>AA County</u>		
Mother's Maiden Name <u>Sarah Matthews</u>			Mother's Birthplace <u>Annapolis</u>		
Name of person giving information <u>Sarah Matthews</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>Three weeks</u>
Immediate <u>Exhaustion</u>	How long <u>105</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John Ridout M.D.</u>
	Address <u>Annapolis Md</u>
Accident or Suicide?	



Name in Full

Certificate of Death

Vincent Mathewes

Town

County

MARYLAND

Died at

Chesterfield Anne Arundel

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

6

10

Age

12

6

14

Md

School boy

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Benjamin Mathewes

Maiden Name

Ella Blackstone

Cause of

Primary

Consumption

How long sick

7 months

Death

Immediate

Pulmonary Hemorrhage

Accident, Suicide, Homicide

Reported by

J. D. Davis

Md

Address

Gambrills

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76008



Name In Full

Certificate of Death

Augusta Myslenosky

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

6

5

Age

-

10

-

2m

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband of

Wife

Father's

Name

Mother's

Maiden Name

L. Myslenosky

Saterline Schwartz

Cause of

Primary

Cholera Infantum

How long sick

7 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Chas H. Brooke

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name
in
Full

Elizabeth Oliver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> Town		County <u>St</u>		MARYLAND	
Date of death 190 <u>2</u> Month <u>June</u> Day <u>29th</u> Age <u>105</u> Years <u>5</u> Months <u>5</u> Days <u></u>	Sex <u>Female</u> Color or Race <u>col.</u>		Birth-place <u>Annapolis</u>		
Married, Single or Widowed <u></u>			Occupation <u></u>		
Name of Wife or Husband <u></u>					
Father's Name <u>Charles Oliver</u>			Father's Birthplace <u>St. County</u>		
Mother's Maiden Name <u>Lizzie Parker</u>			Mother's Birthplace <u>St. County</u>		
Name of person giving information <u>Lizzie Parker</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>One week</u>
Immediate <u>Exhaustion</u>	How long <u>No. Physician</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>James H. Adams</u>
	Address <u>Undertaker</u>
	<u>Annapolis Md</u>
Accident or Suicide? <u></u>	



Name in Full

Certificate of Death

Frank Welch Owens

Town

County

Died at

MARYLAND

Date 1902.

Month

Day

Y.

M.

D.

Native of

Occupation

June 28

Age 50

— —

Ind Merchant

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of
WifeFather's
Name

Mother's

Maiden Name

Horace Owens

Mary Welch

Cause of

Primary

Epileptic fit.

How long sick

Sudden

Death

Immediate

Suffocation

Accident, ~~Self~~, Homicide

Reported by

A. N. Perrie M.D.

Address

McKendree

Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898



Name
in
Full

James Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u>		Town		County <u>Art</u>		MARYLAND	
Date of death 1902		Month <u>June</u>		Day <u>18th</u>		Age <u>72</u>	
Sex <u>Male</u>		Color or Race <u>bol.</u>		Birth-place <u>Annapolis</u>		Months	
Married, Single or Widowed <u>Widower</u>		Occupation <u>Laborer</u>				Days	
Name of Wife or Husband <u>Sarah Parker</u>							
Father's Name <u>John Parker</u>		Father's Birthplace <u>Annapolis</u>					
Mother's Maiden Name <u>Rebecca Phillips</u>		Mother's Birthplace <u>Annapolis</u>					
Name of person giving information <u>Mrs. Allen</u>		How related to deceased <u>Niece</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Senility</u>	How long	<u>Six months</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician	<u>Edmond G. Ball</u>
		Address	<u>Undertaker</u>
			<u>Annapolis Md</u>
Accident or Suicide?			



Name in Full

Certificate of Death

Thomas Parkinson

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

~~Widow~~~~Divorced~~

Waterman

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

5

Husband

of

Cassie Ann Parkinson

50

~~Wife~~

Father's

Mother's

Name

Not known

Maiden Name

Not known

Cause of

Primary

Diabetes Mellitus

How long sick

For months

Death

Immediate

Gangrene + exhaustion

~~Accident, Suicide, Homicide~~

Reported by

F. H. Thompson M.D.

Address

93 Church St. Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

George Price

CERTIFICATE OF DEATH

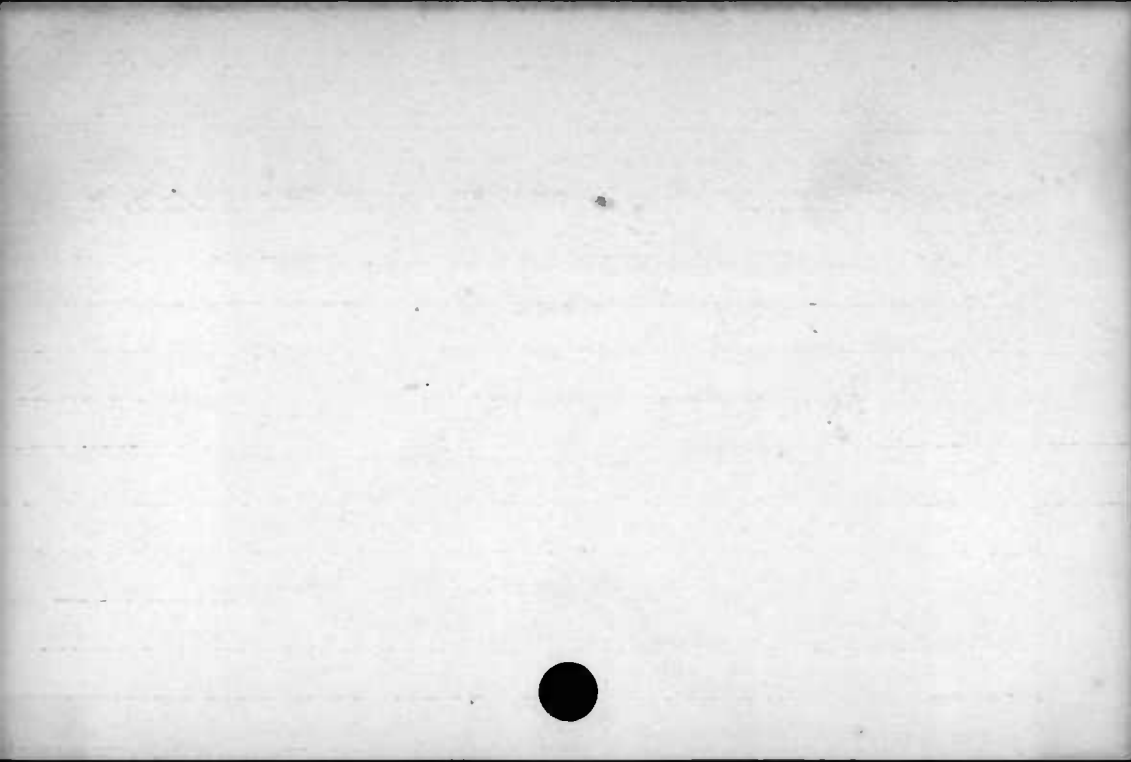
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		2	Month	30 th	Day	3	Years
Sex		Male		Color or Race		Birth-place	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
		Undertaker	
Accident or Suicide?		Annapolis Md	



Name in Full

Certificate of Death

_____ Ineen _____
 Died at Annapolis Town County AA MARYLAND

Date 1902 June 20th th Y. M. D. Native of _____ Occupation _____
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living _____

Husband
 of
 Wife

Father's Name Edward Ineen Mother's Name Annie McPherson
 Maiden Name

Cause of Death { Primary Still-born How long sick _____
 { Immediate _____ Accident, Suicide, Homicide _____

Reported by Margaret Barley
Midwife Annapolis
 Address _____ Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Rose

Died at ^{Town} Williams ^{County} Anne Arundel MARYLAND

Date 1902 June 16 Month Day Y. M. D. Age 2 Native of A. A. C. Occupation

Male ~~White~~ Married ~~Widow~~ Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband of

Wife

Father's Name William Rose Mother's Name Sarah Cook

Cause of Death { Primary Acute Colitis How long sick 105

Immediate Heart Failure Accident, Suicide, Homicide

Reported by

Address

Le. R. Wm. Wilson

Elkridge Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Name in Full

Certificate of Death

Jesse Rotten

Town

County

Died near Armiger Po. A. A. Co.

MARYLAND

Date 1902 June 15 Age (about) 35 or 40 yrs Baltimore City Occupation Laborer

Male White Married Widow ~~en~~ Divorced

~~Female~~ Colored Single Widowed Number of children living —

Husband of

Wife none of wife unknown

Father's Name Unknown Mother's Name unknown

Cause of Death { Primary Accidently - Drowned How long sick —

Death { Immediate Drowned 172 Accident, Suicide, Homicide

Reported by Melville S. Dandridge J.P. & Acting Coroner

Address Armiger Po. A. A. Co. Melville S. Dandridge J.P.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah Sando

CERTIFICATE OF DEATH

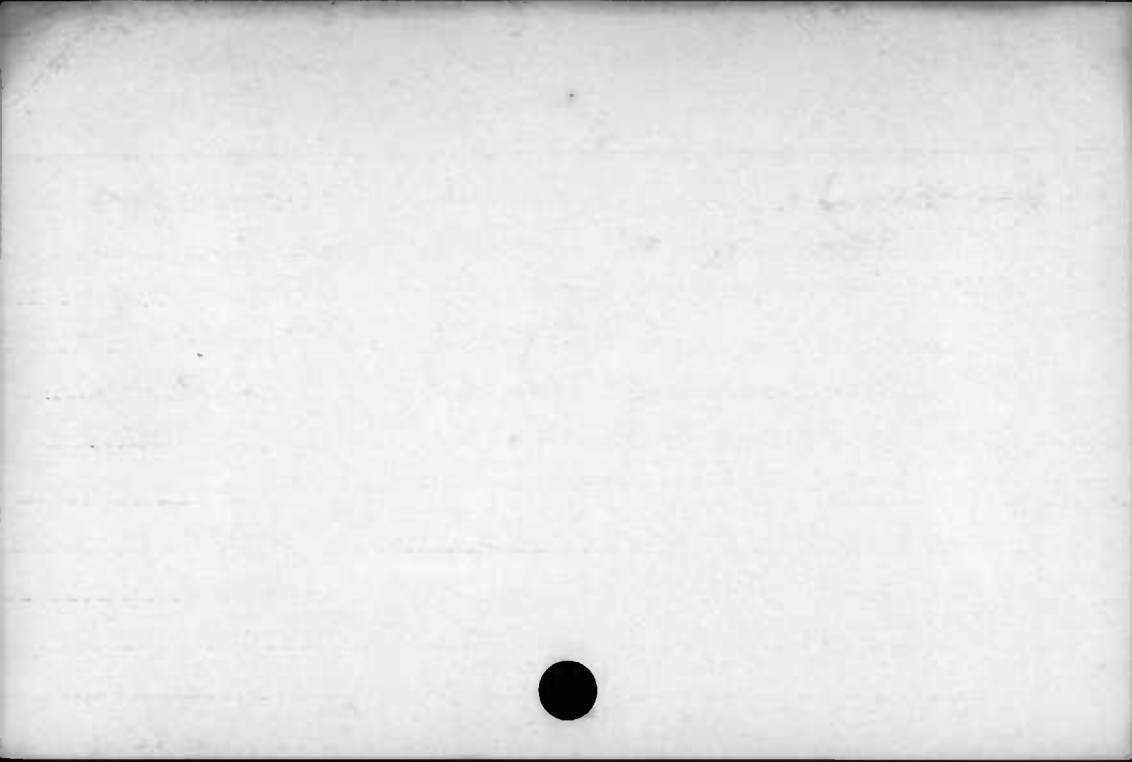
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>June</i>	Day <i>30th</i>	Age <i>96</i> Years	Months <i>4 months</i>	Days <i>1</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis</i>	
Married, Single or Widowed <i>Single</i>			Occupation _____		
Name of Wife or Husband _____					
Father's Name <i>Joseph Sando</i>			Father's Birthplace <i>Annapolis Md</i>		
Mother's Maiden Name <i>Sarah Rawlings</i>			Mother's Birthplace <i>Anne Arundel Co Md</i>		
Name of person giving information <i>Jas H. Sando</i>			How related to deceased <i>nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diarrhea</i>	How long <i>5 days</i>
Immediate <i>Asphyxia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. B. Ridout</i>
	Address <i>Annapolis.</i>
Accident or Suicide?	



Name
in
Full

Harriet - Ann Savages

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Annapolis		^{County} Anne Arundel		MARYLAND	
Date of death 1902	Month June	Day 8	Age 48	Months 3	Days —
Sex Female	Color or Race White	Birth-place Annapolis			
Married, Single or Widowed	Married		Occupation House Keeper		
Name of Wife or Husband Geo Savages					
Father's Name Thomas Littlejohn				Father's Birthplace Md	
Mother's Maiden Name Rosanna McCloud				Mother's Birthplace Cambridge Md.	
Name of person giving information Rosanna Littlejohn				How related to deceased Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysentery (Chronic)	14	How long	I do not know.
Immediate	Peritonitis.		How long	Four days.
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician F. H. Thompson M.D.	
			Address 93 Church St.	
			Annapolis Md.	
Accident or Suicide?				



Name
in
Full

Louisa Schetlik

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>So. Baltimore</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND		
Date of death 190 <i>2</i>	Month <i>June</i>	Day <i>17</i>	Age <i>—</i>	Years <i>—</i>	Months <i>1</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>So. Balto. Md.</i>		
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name <i>Alois Schetlik</i>			Father's Birthplace <i>Europe</i>			
Mother's Maiden Name <i>Mary Stach</i>			Mother's Birthplace <i>Europe</i>			
Name of person giving information <i>Mary Schetlik</i>			How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Infantile Convulsions</i>	How long	<i>24 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos. B. Horton M.D.</i>	
		Address <i>So. Balto — Md.</i>	
Accident or Suicide?			



Name
in
Full

Ernest Paul Schultze

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <i>Fairfield</i>		County <i>Sta.</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>June</i>	Day <i>21</i>	Age <i>1</i>	Months	Days <i>12</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Fairfield, Md</i>		
Married, Single or Widowed <i>-</i>			Occupation <i>-</i>		
Name of Wife or Husband <i>-</i>					
Father's Name <i>Max Schultze</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Elsie Miller</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Elsie Schultze</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	
Immediate	<i>Cholera Infantum</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thos. B. Horton, M.D.</i>
		Address	<i>Curtis Bay, Md</i>



Name In Full

Certificate of Death

Edwardena Ruth Scott

Town

County

Died at

Shady Side

A. R.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 18

Age

- 11 -

Md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Thos Scott

Mother's

Maiden Name

Laura Scott

Cause of

Primary

Marasmus

How long sick

3 mos

Death

Immediate

Exhaustion

10 5

~~Accident, Suicide, Homicide~~

Reported by

Geo T Dent

In D

Address

Churchton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70065

Book 2

Oscar Seigert

Town

County

Died at

Churchton

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 24

Age

- 11 12

Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Oscar F. Seigert

Mother's

Maiden Name

Bessie Phipps

Cause of

Primary

Meningitis

How long sick

12 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Geo. T. Dent, M.D.

Address

Churchton Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

McKenzie

Name
in
Full

Elizabeth Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>East Port</u> ^{Town}		County <u>AA</u>		MARYLAND	
Date of death 1902	Month <u>June</u>	Day <u>12th</u>	Age <u>40</u> ^{Years}	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>AA County</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>House-wife</u>				
Name of Wife or Husband <u>Frank Smith</u>					
Father's Name <u>Adam Brown</u>			Father's Birthplace <u>AA County</u>		
Mother's Maiden Name <u>Priscilla Tucker</u>			Mother's Birthplace <u>AA County</u>		
Name of person giving Information <u>Frank Smith</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Gypho-malarial Fever</u>	How long <u>Eight days</u>
Immediate	<u>Intestinal Perforation</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>John Ridout M.D.</u>
		Address <u>Annapolis Md.</u>
Accident or Suicide? <u>✓</u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Millerwille		County Anne Arundel		MARYLAND			
Date of death 190 2		Month June		Day 23		Age Years 22		Months 0	Days 0
Sex female		Color or Race colored		Birth- place Millerwille					
Married, Single or Widowed Single		Occupation cook							
Name of Wife or Husband									
Father's Name Levi Snowden		Father's Birthplace Millerwille							
Mother's Maiden Name Bessie Harrod		Mother's Birthplace Germantown							
Name of person giving Information Martha Hall		How related to deceased none							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Still Born		How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. W. D. Davis	
✓ Martha Hall				Address Germantown Md	
Accident or Suicide?		Accident			

100



Name
in
Full

CERTIFICATE OF DEATH

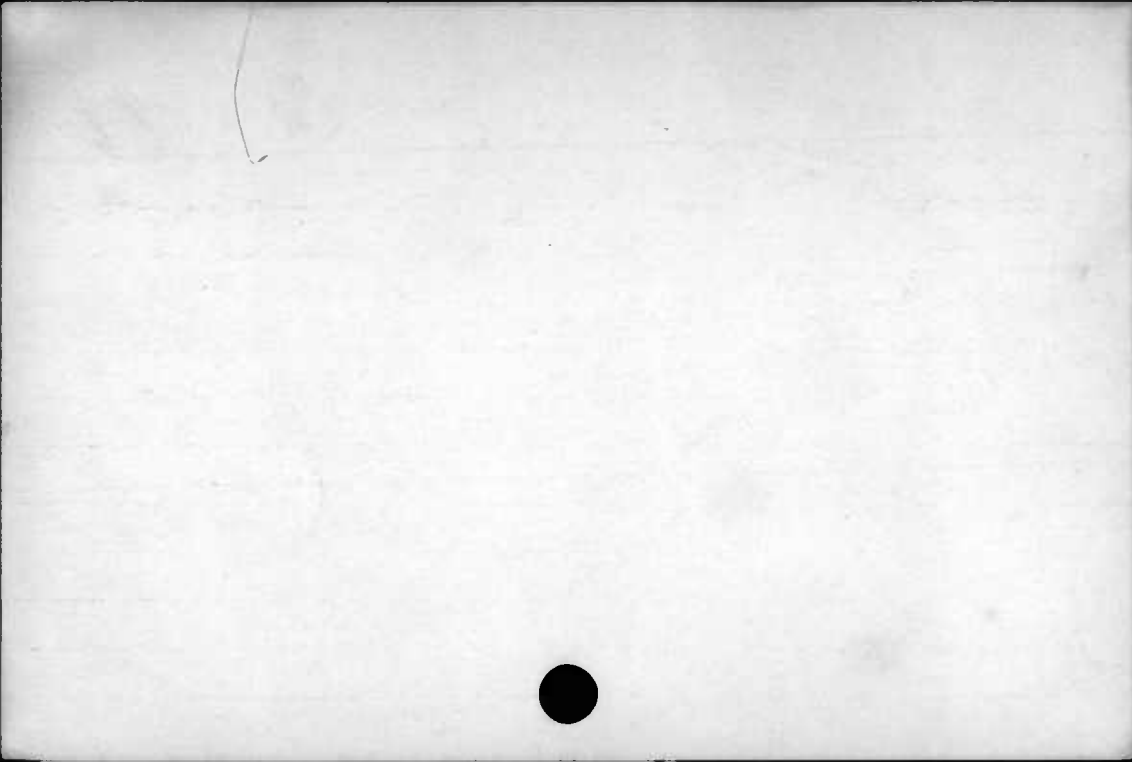
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elvaton</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>June</i>	Day <i>20</i>	Age <i>1</i>	Months <i>4</i>	Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Elvaton</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Richard Stallings</i>			Father's Birthplace <i>AAC</i>		
Mother's Maiden Name <i>Mary Studdert</i>			Mother's Birthplace <i>AAC</i>		
Name of person giving information <i>R. F. Stallings</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>12 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thomas H. Brachaw</i>
	Address <i>Elvaton</i>
Accident or Suicide?	



Name
in
Full

Birdie Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> Town		County <u>Art</u>		MARYLAND	
Date of death 190 <u>2</u> Month <u>June</u> Day <u>22nd</u>	Age <u>11 yrs</u>	Years <u>11</u>	Months <u>0</u>	Days <u>0</u>	
Sex <u>Female</u>	Color or Race <u>col.</u>	Birth-place <u>Annapolis</u>			
Married, Single or Widowed		Occupation <u>School - Girl</u>			
Name of Wife or Husband					
Father's Name <u>Isaac Thomas</u>			Father's Birthplace <u>Annapolis</u>		
Mother's Maiden Name <u>Henrietta Johnson</u>			Mother's Birthplace <u>Annapolis</u>		
Name of person giving information <u>Isaac Thomas</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Phthisis Pulmonalis</u>	How long <u>six months</u>
Immediate <u>Exhaustion</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John Ridout, M.D.</u>
	Address <u>Annapolis Md</u>
Accident or Suicide?	



Richard Thomas

Died at ^{Town} *Mc House of Correction* ^{County} *Anne Arundel* MARYLAND
 Date 1902 ^{Month} *6* - ^{Day} *25* ^{Y.} *26* ^{M.} *-* ^{D.} *-* ^{Native of} *Va* ^{Occupation} *Laborn*
 Male ~~Female~~ ~~Colored~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

Two months

Death

Immediate

Hemiplegia~~Accident, Suicide, Homicide~~

Reported by

E.P. Carries Mrs

Address

*Jessup - Md.**Physician in charge**of Mc House of Correction*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Glades Torrence

Died at *Fairfield* Town

County

A A

MARYLAND

Date
of death 1902

Month

6

Day

28

Years

Age

Months

4

Days

Sex *Female*Color or
Race*Black*Birth-
place*Fairfield*Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name*Arthur Torrence*Father's
Birthplace*N C*Mother's
Maiden Name*Rachel Torrence*Mother's
Birthplace*N C*Name of person giving
information*Arthur*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Cholera Infantum

How long

2 days

Immediate

*6**"*

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Mr. L. Hawkins*

Address

*Brooklyn**Yes*

Accident or Suicide?

*MA*PHYSICIAN
OR CORONER

